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May 9, 1999

Assistant Commissioner for Patents
Washington, DC 20231

Re: U.S. Patent Application Serial No. 08 366,083
Entitled: *Chimeric Transcription Factors*
By: Pomerantz et al
Filed: December 29, 1994
Examiner: McKelvey, T., Group Art Unit: 1636
Attorney Docket No. APV-022.01

Dear Sir:

Enclosed for filing in the above-referenced patent application please find the following:

1. Fee Transmittal for Response and Amendment;
2. Response and Amendment;
3. A Request for a Three-month extension of time;
4. A check in the amount of \$435 for the extension of time;
5. An Information Disclosure Statement; and
6. Form PTO-1449 and copies of the 4 references cited thereon.

The Commissioner is hereby authorized to charge any under-payments or credit any over-payments to our Deposit Account No. 06-1448. A duplicate of this sheet is enclosed.

Certificate of First Class Mailing

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as First Class Mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, DC 20231 on the date set forth below:

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Date of Signature
and Mailing

Julie Thorsen

Respectfully submitted,
FOLEY, HOAG & ELIOT LLP

Matthew P. Vincent
Matthew P. Vincent, Ph.D.
Registration No. 36,709
Attorney for Applicants

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of Pomerantz et al

Serial No. 08 366,083

Filed December 29, 1994

For *Chimeric Transcription Factors*

Attorney Docket No. APV-022.01



Group Art Unit 1636

Examiner McKelvey, T

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By: Julie Chosen

FEE CALCULATION SHEET / TRANSMITTAL OF AMENDMENT AND RESPONSE

Sir/Madam:

Transmitted herewith is an Amendment and Response in the above-identified application. The fee has been calculated as shown below.

	No. Claims after Amendment		Highest No. Previously Paid For	EXTRA
TOTAL	58	MINUS	49	9
INDEP.	4	MINUS	4	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY

RATE	ADDITIONAL FEE
x 9 =	\$81
x =	\$
+135 =	\$
	\$81

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x =	\$
x =	\$
x 270 =	\$
	\$

TOTAL ADDITIONAL FEE

OR TOTAL

☐ A check in the amount of _____ to cover the additional claims fee is enclosed

☒ The Commissioner is hereby authorized to charge \$81.00 to our Deposit Account No. 06-1448 to cover the extra claim fee.

[X] Please charge any additional fees or credit any overpayments associated with this communication to our Deposit Account No. 06-1448. A duplicate copy of this sheet is enclosed.

Respectfully submitted,
FOLLEY, HOAG & ELLIOTT



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Date: May 10, 1999